MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO: 10/586, 148

FILING DATE:

APPLICANT(S):

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3		1					53						
4	1						54						
5							55						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	1	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	4						TOTAL CLAIMS						